

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025059

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

207

Primary Registration District No.

5756

Registrar's No.

19

STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson township</b>		Length of stay in 1b <b>At work</b>	c. CITY OR TOWN <b>Belle</b>
c. FULL NAME OF (If, NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kingsford Plant</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Roscoe</b> Middle <b>Pennington</b> Last <b>Pennington</b>		4. DATE OF DEATH <b>June 21, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/3/06</b>
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Charcoal Plant</b>	11. BIRTHPLACE (City and state or country) <b>London Kentucky</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>John Pennington</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy House</b>		14. NAME OF HUSBAND OR WIFE <b>Edith Pennington</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>38</b>	
17. INFORMANT <b>Mrs Edith Pennington Belle Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Basilar Skull Fracture</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 MIN.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Crushed beneath Charcoal Stock pile</b>	
20c. TIME OF INJURY Hour <b>2:16</b> p.m. Month, Day, Year <b>6-21-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Charcoal Plant</b>		20f. CITY, TOWN, OR LOCATION <b>Belle</b>	COUNTY <b>Maries</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>June 21</b> to <b>June 21</b> and last saw him alive on <b>June 21</b> Death occurred at <b>2:20 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. F. Schoenhalder</b>		22b. ADDRESS <b>Belle Mo</b>	22c. DATE SIGNED <b>6/23/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/23/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Relief Hill</b>	23d. LOCATION (City, town, or county) <b>Osage County Mo</b>
24. FUNERAL DIRECTOR <b>Howard Jones</b>		25. DATE RECD. BY LOCAL REG. <b>June 25</b>	26. REGISTRAR'S SIGNATURE <b>Tracy H. Hatcher</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR

TYPEWRITER RIBBON

JUL 10 1963  
OCT 23 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Orme H. Jones*

Licensed Embalmer No.

*4411*

P. O. Address

*Belle Me.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.